

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **DEVICE FOR ADJUSTING GUIDE BLADES**, the specification of which was filed as PCT International Patent Application No. PCT/DE2005/000130 on January 28, 2005.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)			
Number	Country filed	Day/month/year	Priority Claimed Under 35 U.S.C. § 119
10 2004 004 976.9	Fed. Rep. of Germany	31/January/2004	Yes

Please address all communications regarding this application to:

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Please direct all telephone calls to Gerard A. Messina or Clifford A. Ulrich at
(212) 425-7200.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful and false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor: **Hubert HERRMANN**

Inventor's Signature: _____

Date: _____

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